

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | Application Number | | Filing Date | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------------------|---|-------------|--|
| | | | | | | Applicant(s) | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | |
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| Total Depend | | | | | | | Total Depend | | |
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